

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 576431

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3						
4		2		2		
5	1		1			
6						
7	8		2		6	
8			2			
9	1		1			
10	1		1			
11						
12	1		3			
13			3			
14			3			
15	1		3		16	
16	1		3			
17	1		3			
18	1		1			
19	1		1			
20						
21						
22						
23	1		5			
24	1		5		1	
25	1		5			
26	1		5		2	
27	1		5			
28	1		1			
29			1			
30			3		3	
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48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.			68			
TOTAL CLAIMS			68			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						